Maryland Transit Administration (MTA)
Mobility Certification Office
4201 Patterson Avenue, 2nd Floor, Baltimore, MD 21215
Phone: 410-764-8181

APPLICATION FOR AMERICANS WITH DISABILITIES ACT MOBILITY PARATRANSIT SERVICE

The information that you provide will be used to determine your eligibility for MTA's Mobility service. Information will be kept confidential in accordance with state law. Providing false information on this application may constitute a crime punishable under law.

Everyone applying for Mobility service must complete an application and have a healthcare provider verify your disability. When you have a **complete** application signed by your health care provider, please call for an interview. We can provide transportation to your appointment. Please allow up to 2 ½ hours for your appointment. You may be asked to participate in a functional or cognitive assessment to complete the application process.

Steps to Certification:

1. Fill out Part A – Answer all questions, be as specific as you can. If a question does not apply to you indicate that it doesn't apply using "N/A" (not applicable). **Make sure to answer every question.**
2. **Send Part A and Part B to your Healthcare provider** who knows the most about your disability. See Part B for a list of professionals who can approve your application. **Health care professionals may complete Part A for you but they may not also fill out Part B for you.**
3. When you have a complete Part B, **make sure that your healthcare provider has signed Part B and included his or her license number and the type of license issued**.
4. When both Part A and Part B are complete, **call MTA Mobility at 410-764-8181 for an appointment.** Follow the prompt menu and select Certification. The MTA Office is open from 8:00 a.m. to 4:30 p.m., Monday – Friday, excluding State holidays.
5. Once you reach an agent, an appointment will be scheduled for you along with transportation to and from our office if you need it.
6. The in-person interview is a required part of the application. Interviews are held at the Mobility Certification Office at 4201 Patterson Ave., 2nd Floor, Baltimore, Maryland 21215.
7. **Do not mail your application. Bring your completed application with you to the interview along with government approved identification.**
8. **We will not be able to interview you if you do not have a complete application. This includes Part B.**
9. After your interview, you may be asked to participate in a functional or cognitive assessment. This is part of the application process and failure to participate may be considered as an incomplete application.
10. Your picture will be taken at the end of the interview process. If you are deemed eligible, your picture identification will be sent to you with your determination letter.

ORIGINAL SIGNATURES REQUIRED

After the interview and/or functional assessment, MTA will determine your eligibility. You will receive a determination letter within 21 days. If you do not agree with the determination you may appeal the decision. MTA will include a copy of our appeal process with your determination letter.

PART A: APPLICANT INFORMATION (PLEASE PRINT)

Date _____

MTA Mobility Services. Please check one:

Re-certification Application ☐ Mobility ID# _____ First Application ☐

Call-a-Ride Are you interested in Call-a-Ride service?

Yes-renewing Call-a-Ride ☐ Yes-new Call-a-Ride ☐ No-not interested in Call-a-Ride ☐

The MTA Call-a-Ride program is a premium service that is not part of the complementary paratransit service provided by MTA pursuant to federal law. The Call-a-Ride program is a transportation option available to Mobility eligible customers. Participation in Call-a-Ride does not affect eligibility for MTA Mobility.

Last Name _____ First Name _____ MI _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____ Male _____ Female _____

Email Address for correspondence (Optional): _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship _____

Name of subdivision or apartment complex: _____

Nearest major intersecting street: _____

Nearest cross street to your residence: _____

List the Medical Names of Your Disabilities or Medical Conditions	**Is the ConditionPermanent?**	**Duration ofCondition** Beginning Date	Ending Date

ORIGINAL SIGNATURES REQUIRED

1. Please describe how your physical or mental condition(s) limit your ability to access the bus stops or stations; ride the bus, metro/subway, light rail, or train; or transfer to another regular bus, metro/subway, light rail, or train. Please be specific.

_____
_____
_____
_____
_____
_____

2. Do you have a **Cognitive Disability**? (Have you ever been diagnosed with Traumatic/ Non-Traumatic Brain Injury, Developmental Disability, Borderline Intelligence, Down's syndrome, Autism, etc.?)
Yes ☐ No ☐ If yes, please state the disability and explain how it affects you.

_____
_____
_____
_____

3. Do you experience any of the following? Please check all that apply:

Panic Attacks		Easily Wander Off	
Anxiety		Seizures	
Hallucinations		Visual Impairment	
Delusions		Short Term Memory Loss	
Paranoia		Long Term Memory Loss	
Confusion		Cannot Identify Pictures	
Hear Voices		Cannot Read or Write	
Easily Taken Advantage of by Others		Difficulty Understanding Written or Verbal Instructions	

4. If you experience **Seizures**, please check all that apply and answer the following questions:

4a. Which type of seizures do you have?
☐ Grand Mal ☐ Petit Mal/absence ☐ Temporal Lobe ☐ Epileptic ☐ _____

4b. When having a seizure, I: (Please check all that apply)
☐ Am Difficult to Arouse ☐ Black Out ☐ Fall Asleep ☐ Fall Down
☐ Need Immediate Medical Attention ☐ Stare Blankly into Space

4c. How often do your seizures occur? _____

When was your most recent seizure? _____

4d. Are you currently taking medication to control seizures? Yes ☐ No ☐

ORIGINAL SIGNATURES REQUIRED

5. Are you currently taking prescribed **medications** that will, by themselves, affect your ability to ride the buses and/or trains? Yes ☐ No ☐

Please explain _____

6. Do you have a **Visual Impairment** (to include Blindness)? Yes ☐ No ☐
   If yes, please check all that apply:

☐ I wear contacts or glasses.
☐ I can recognize my stop if announcements are made.
☐ I am legally blind and cannot distinguish my appropriate stop, disembark, and navigate the route to my destination. I do not use a guide dog or other service animal, or any assistive device.
☐ I use a guide dog or other service animal, but I need paratransit to get to/from destinations that I cannot safely travel to on the route.
☐ I can easily hear and recognize environmental sounds that help me to determine the traffic flow patterns.
☐ I cannot easily hear environmental sounds that help me to determine traffic flow.
☐ I cannot always get out of the roadway before the traffic signal changes.
☐ I require a sighted guide to assist me with the following tasks: _____

7. Do you have a **Mental/Psychological Disability**? (Have you ever been diagnosed with Bipolar Disorder, Schizophrenia, Anxiety Disorder, Paranoia, etc.?)Yes ☐ No ☐ If yes, please state the disability and explain how it affects you.

_____
_____
_____
_____

8. Are there any other physical or mental disabilities that affect your **FUNCTIONAL ABILITY** to ride the regular fixed route, accessible bus and transit service? (Example: difficulty with getting to the bus, waiting at the stop for the correct bus, boarding thebus, knowing when you get to your stop, and notifying the driver that you need to getoff.) Yes ☐ No ☐ If yes, please explain.

_____
_____
_____
_____

9. Can you wait 20 minutes at an MTA bus stop or station that **DOES NOT** have seats?
   Yes ☐ No ☐ If no, please explain.

_____
_____
_____

10. Can you wait 20 minutes at an MTA bus stop or station that **DOES** have seats and a shelter?
    Yes ☐ No ☐ If no, please explain.

_____
_____
_____

ORIGINAL SIGNATURES REQUIRED

11. Can you wait 20 minutes at a bus stop or station unassisted? Yes ☐ No ☐ If no, please explain.

_____

_____

_____

12. How far can you walk without the assistance of another person? Please check.

☐ Less than one block ☐ 3-4 blocks ☐ Over 6 blocks
☐ 1-2 blocks ☐ 5-6 blocks ☐ I don't know

13. Do you require a ramp or lift in order to board/exit the bus? Yes ☐ No ☐

14. Do you use a mobility device to travel? Yes ☐ No ☐ Please check all that apply.

☐ White Cane ☐ Orthopedic Cane (three or four prong base)
☐ Standard Cane ☐ Walker ☐ Braces ☐ Crutches
☐ Manual Wheelchair ☐ Motorized Wheelchair ☐ Scooter
☐ Respirator/Oxygen ☐ Service/Guide Animal Describe:_____

15. Do you require a personal care assistant (PCA) to travel with you to provide transportation assistance? Yes ☐ No ☐ If yes, please explain the specific assistance you require.

_____

_____

_____

16. How do you travel now? Please check all that apply.

☐ Wheelchair/scooter ☐ Walk ☐ Drive myself
☐ Passenger in someone else's car ☐ Other van service
☐ Regular fixed route bus, metro, light rail ☐ Currently have no means of travel
☐ Mobility paratransit

17. Do you currently ride MTA bus or rail service? Yes/No
If yes, which routes/services do you ride? _____

18. Do you feel that you could ride the accessible bus or rail with a reasonable level of effort if the paratransit van could get you to or from an accessible bus stop? Yes ☐ No ☐ If no, please explain.

_____

_____

_____

19. Please check all that apply to you:

☐ I am able to board, ride, and exit a regular fixed route, accessible bus.
☐ I can cross the street.
☐ I can step on and off the sidewalk.
☐ I can stand on a moving bus, holding the handrail, if no seat is available.
☐ I can use a telephone to get bus schedule information.

ORIGINAL SIGNATURES REQUIRED

☐ I can find my way to the bus stop after being shown where it is based.
☐ I can transfer to another bus or train after being shown where it is based.
☐ I can hear and understand the automatic announcement system on the bus.
☐ I need assistance understanding and navigating the fixed route system.
☐ I do not have the stamina to travel long distances.

20. Is there anything else you wish to tell us about your ability to travel outside your home?

_____
_____
_____

I hereby certify, under the penalties of perjury, that the information submitted is true and correct. I understand that providing any false information on this application may constitute a crime punishable under the law. I understand that the MTA will rely upon this information in making a determination as to my eligibility for participation in this program.

I understand that I am required to participate in an in-person interview as part of this application, and that I may also be required to participate in a functional assessment. I further authorize the release of any personal or medical information to appropriate parties that is necessary in the determination of my eligibility for Mobility / Paratransit Services.

Applicant Signature: _____ Date: _____

If a person other than the applicant has completed this form, please check one:

☐ I certify that the information provided in this application is true and correct based upon the **information given to me by the applicant.** I helped fill out the form.

☐ I certify that the information provided in this application is true and correct based upon **my own knowledge** of the applicant's health condition or disability.

Print Name: _____

Signature: _____

Relationship to Applicant: _____

Telephone: _____ (day) _____ (evening)

PLEASE READ THIS APPLICATION AGAIN. ANSWER AND EXPLAIN EVERY QUESTION THAT APPLIES TO YOUR CONDITION TO THE BEST OF YOUR ABILITY AND INCLUDE ADDITIONAL INFORMATION IF NEEDED.

ORIGINAL SIGNATURES REQUIRED

FAILURE TO DO SO WILL DELAY A DETERMINATION OF ELIGIBILITY.

WE WILL PROCESS YOUR APPLICATION ONLY WHEN IT IS COMPLETE.

PART B: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed/Certified Professional:

The Americans with Disabilities Act requires transit systems that operate fixed route service to offer complementary paratransit to people with disabilities who cannot use the regular MTA service. In accordance with the Act, the MTA offers a door-to-door bus service for those who cannot use the regular fixed-route buses.

To qualify for specialized MTA Mobility service, applicants must have a history of an impairment that substantially limits their ability to independently access, board, or ride other MTA services. A disability must prevent travel not merely make it more difficult to get to the bus stop, get on the bus, and ride independently.

MTA bases eligibility determinations on the information provided by the applicant. MTA also considers the information provided by the healthcare professional most able to describe the most limiting conditions of the applicant. Some applicants may be tested by our Occupation Therapist as well.

Passengers must be certified eligible in order to use the Mobility bus service. Applicants may be found eligible for this Mobility service for some or all of their trips. Be aware that all MTA fixed route and rail service are lift or ramp equipped.

In responding to the following questions, please focus on the applicants functional abilities.
The information you provide, along with the applicant's information will enable us to make an appropriate determination. All information will be kept confidential.

If you have assisted an applicant completed Part A, you cannot also verify Part B. Persons completing Part B must be licensed or certified in one of the following specialties:

Vocational Rehabilitation Counselor	Physician
Orientation and Mobility Instructor	Physician's Assistant
Respiratory Therapist	Nurse Practitioner
Occupational or Physical Therapist	Psychiatrist/ Psychiatric Social Worker
Audiologist	Ophthalmologist

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Independent Living Specialist	Optometrist
Speech and Language Pathologist	Psychologist

We require that all questions be clearly and accurately completed.

Thank you for your assistance.
MTA Mobility Certification
Part B: Professional Verification

Applicant Name:
_____

Please make certain that responses are legible.

1. Please indicate the nature of your patient's condition or disability. This list is not all inclusive. Please add if needed. Place a check in the blank to the left of the condition listed and specify the condition in the space provided to the right. If the applicant is taking medications that would impair his/her mobility, please include this.

_____DIABETES

_____END STAGE RENAL DISEASE DIALYSIS? _____

_____CANCER TREATMENT EXPECTED DURATION _____

_____ARTHRITIS TYPE & AREAS _____

_____AMPUTATION EXTREMITY _____ PROSTHESIS_____

_____NEUROLOGICAL CONDITION _____

_____NEUROMUSCULAR CONDITION_____

_____PULMONARY DISEASE OXYGEN USE? _____

_____CARDIAC DISEASE _____

_____MENTAL ILLNESS_____

_____TRAUMATIC BRAIN INJURY_____

_____ALZHEIMER'S_____

_____DEMENTIA_____

_____AUTISM_____

ORIGINAL SIGNATURES REQUIRED

_____HEARING IMPAIRMENT __mild__ moderate___ severe
Requires interpreter_____

_____SEIZURE DISORDER CONTROLLED BY MEDICATION ? _____
When was last seizure?_____

_____VISUAL IMPAIRMENT ___totally blind ____legally blind ___glaucoma __macular degeneration
___cataracts ___retinal detachment _____retinopathy

OTHER_____
_____
_____

- Do you view these conditions as temporary? _____yes _____no
- What would be the duration of this/these conditions?_____
  _____

MEDICAL DIAGNOSIS & ICD AND DSM CODES:

_____

_____

COGNITIVE DEFICITS RELATED TO CLIENT'S CONDITION

_____

_____

2. Please check **YES** or **NO** in the boxes below and provide explanation as need

CAN YOUR CLIENT INDEPENDENTLY…..

- Walk at least 200-300ft to a bus stop? ☐ Yes ☐ No
  _____
- Stand for 10-20 minutes at a bus stop without a bench? ☐ Yes ☐ No
  _____
- Cross a busy intersection? ☐ Yes ☐ No
  _____
- Negotiate curbs or curb cuts safely? ☐ Yes ☐ No
  _____
- Negotiate areas without sidewalks? ☐ Yes ☐ No

ORIGINAL SIGNATURES REQUIRED

- Negotiate hills or uneven terrain? ☐ Yes ☐ No

- Visually locate a bus stop? ☐ Yes ☐ No

3. Please write **YES** or **NO** in the boxes below and provide explanation as needed.

CAN YOUR CLIENT INDEPENDENTLY……..

- Go up & down three 10" steps using a handrail if needed? ☐ Yes ☐ No

- Get on & off conventional low floor busses with no steps? ☐ Yes ☐ No

- Get on/off a bus with passenger lift or ramp? ☐ Yes ☐ No

- Ride conventional bus if driver assigns priority seating & assists with mobility? ☐ Yes ☐ No

- Recognize destination & be able to signal driver? ☐ Yes ☐ No

- Inform driver they are being dropped off at the wrong stop? ☐ Yes ☐ No

- Get help if dropped of at wrong destination? ☐ Yes ☐ No

4. Please check most appropriate box which best describes your client

	Little or no Discomfort	Moderate Discomfort	Severe discomfort	Comments
HEAT				
COLD				
HUMIDITY				
NIGHT				

ORIGINAL SIGNATURES REQUIRED

RAIN				
AIR QUALITY				
CROWDS				
NOISE				
UNEXPECTED SITUATIONS				
UNFAMILIAR LOCATION				

Please Print Name and Title of Health Care Professional

Full Name & Title:_____

Clinic/Business: _____

Street Address:_____

City/ State/ Zip Code: _____

Telephone# & Fax#:_____

E-mail(optional):_____

Professional License, Registration or Certification Number: _____

Agency Issuing License/Certification: _____

I have reviewed all of the information contained in this application and hereby certify that all the information is true and correct to the best of my knowledge and ability. I certify that the applicant named herein, is under my professional care. I hereby swear and affirm that the applicant is disabled as indicated.

Signature: _____

Date: _____

Applicants who do not qualify for Mobility / Paratransit service may be eligible for MTA Reduced Fare status on regular fixed-route services (Local Bus, Metro Subway, Light Rail).
Please call 410-767-3441 for more information on the Reduced Fare program.

CALL MTA MOBILITY at 410-764-8181 when your form is completed.
Ask to set up an appointment. Please do not mail or fax this application - bring it with you.

For more information about Mobility, call 410-764-8181 or Maryland Relay Service at 711.
This application is available in alternate formats upon request

ORIGINAL SIGNATURES REQUIRED

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